

THE <sup>289</sup> CONTAGIOUS DISEASE ACT

AT DEVONPORT;

ITS PHYSICAL AND MORAL RESULTS

AFTER

SIX YEARS WORKING.

BEING A PAPER READ AT THE BRISTOL SOCIAL  
SCIENCE CONGRESS.

BY

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The following paper is intended to be a short account of the manner in which the Acts of Parliament for the prevention of Contagious Diseases have been carried out at Devonport. It will only refer incidentally to the extension of the present Act to the civil population, but it is hoped that the information now laid before you may be an encouragement to those who, with myself, earnestly desire to see this extension ; whilst at the same time our experience at Devonport, which has now extended over a period of six years, may serve as a guide to those who are embarked upon this most difficult undertaking.

Before adverting to the working of the present Amended Act of 1866, I must remind you, shortly, of what has been the previous course of legislation on this matter. In July, 1864, an Act was passed "for the Prevention of Contagious Diseases at certain Naval and Military Stations." These Stations were Portsmouth, Plymouth, Woolwich, Chatham, Sheerness, Aldershot, Colchester, Shorncliffe, the Curragh, Cork, and Queenstown. This Act provided that the Managers of any Hospital might apply to have it made a Certified Hospital for the Act, and, that if the Hospital was found fitting upon inspection by an Inspector of Hospitals appointed under the Act, it should be so certified, and subject from time to time to the visits of the Inspector. It then provided that information might be laid before a Magistrate stating that any woman, being a common prostitute, was affected with a Contagious Disease, and that within fourteen days before the date of the information she was in a public place for the purpose of prostitution. She was then to be conveyed to a certified Hospital and if found diseased, detained there for a period of not longer than three months. The Act also provided that any person harbouring a prostitute knowing her to have a Contagious Disease should be liable to a penalty of Ten Pounds.

This Act continued in force until September, 1866, when "the Act of 1866," under an amendment of which we are now working, came into force. The Act of 1866, applies to the same places as that of 1864, with the addition of Winchester. It provides for the appointment of Visiting Surgeons and Assistant Visiting Surgeons, also Assistant Inspectors of Hospitals. It also provides for the periodical examination by the Visiting Surgeon of all known prostitutes living within a radius of five miles of any place to which this Act applies, and for their being sent to a certified Hospital if found diseased. They are not to be kept in Hospital for a longer period than three months without a certificate signed by the Medical Officer under whose care they are, and also by the Inspector of Hospitals or Visiting Surgeon, and then to be detained for not more than three months longer. If at the expiration of that time a woman is still diseased a notice to that effect is served upon her at the time of her discharge. With regard to the periodical examination, the Act provides that it shall be compulsory on all prostitutes, the order to attend being valid for one year. By a special clause a woman may voluntarily submit to examination for any period not exceeding one year. Any woman may apply for a release from periodical examination, and if it is proved that she has ceased to be a common prostitute, and she will enter into recognizance for her good behaviour during three months after, she may be released. The Act provides, also, the punishment of imprisonment for neglect to appear for periodical examination,—for quitting a certified Hospital without a certificate of cure,—or for misbehaviour whilst in Hospital.

I have thus concisely stated the main features of the two Acts. It will be observed that the Act of 1866, is a good step in advance of that of 1864. Its special feature is, that it provides for the periodical examination of all known prostitutes, and also provides an officer to carry out that duty. Why that officer should be called a "Visiting Surgeon" is to me incomprehensible, as his duties are not to "visit" the women either at their abodes or in Hospital, for it is enacted in the 19th clause that he shall prescribe the times and places at which the woman is required to attend for examination. The term "Visiting" Surgeon is a misnomer, and is calculated to mislead both the public and the officer himself, as to the nature of his duties. The better name would be "Examin-

ing Surgeon," which would clearly indicate the duties which have to be performed. There is a provision also in the Act of 1866, providing for the further detention of a woman, if uncured, for three months.

This year "a Bill intituled, an Act to amend the Contagious Diseases Act of 1866," has been passed. It was passed through both Houses at the fag end of the Session, and in the most hurried manner. This is much to be regretted, for the Amended Bill bears upon it the most unmistakable marks of hasty legislation, and if strictly carried into effect will be most detrimental. For instance :—Sec. 3 provides, that if any woman "attending for examination is found by the Visiting Surgeon in such a condition that he cannot properly examine her, if such Surgeon has reasonable grounds for believing that she is affected with a Contagious Disease, she shall be liable to be detained in a certified Hospital, until the Visiting Surgeon can properly examine her, so that she be not so detained for a period exceeding five days." I can conceive no more arbitrary enactment than this. By it a woman is liable to be deprived of her liberty upon simple Police information—information which I shall hereafter comment upon as being most unreliable—and which is doubly unreliable in the present instance, because it is not substantiated by the skilled evidence of the Examining Surgeon, without which, the mere information of the Police is worse than useless. How great is the power of detention thus conferred, may be seen from the fact, that at Devonport the average number of women who present themselves for examination in "the condition" referred to in the Amended Act, is 52 per week. But even supposing the detention were advisable, the time, five days, fixed for detention is most absurd. According to our experience, "the condition" which prevents a woman from being examined, lasts on an average over that period of time, so that at the end of five days, she would be in a no better condition for examination than when first detained in Hospital. I believe the only excuse for inserting this clause is the alleged fact, that many women improperly decline to be examined on the ground of their condition. From the experience of the last six years I can most positively affirm, that there is very little difficulty in ascertaining the truth or otherwise of the woman's assertion. This clause,



must either remain, as I trust it will, quite in-operative—or if it is put in force will materially endanger the successful working of the Act, by creating in the minds of the women a strong feeling that they are being arbitrarily dealt with.

Then again there is a provision for dealing with drunken women which only partially meets the evil. Our great difficulty has been this:—that many women, before they come up for examination to the Visiting Surgeon, will drink, not enough to render them unfit for examination, but sufficient to make them partially intoxicated. If found diseased they are then sent on to Hospital without escort, and no doubt drink more on the way. After admission into the Hospital they become uproarious, and contribute much to upset the discipline of the Wards. The Amended Act only provides for the detention of women for 24 hours in a Police cell when too drunk to be examined. It should have gone further and provided for their safe delivery, in a sober state, to the Hospital authorities. My strong conviction is, that when the examination room is at a distance from the certified Hospital, a conveyance should be provided for the women who are found diseased upon examination, and that they should be taken there under the charge of the Police.

Sec. 7 of the Amended Act is, I think, objectionable; it provides for the detention of a woman for a further period of three months in addition to the six months allowed under the Act of 1866, if at the end of six months she still remains uncured. My experience is, that if a woman at the end of six months' treatment is still uncured, a further detention of three months, will in most cases be useless, as the condition may be looked on, either as incurable altogether, or as incurable within three months. Under the Act of 1866, women are liable to a month's imprisonment if they, upon being discharged uncured, still persist in exercising their avocation. This power has never been used; if it were, the necessity for lengthened detention would be avoided. The detention of such cases in Hospital is irritating to the women, disheartening to the Medical Officers, and a fertile source of disorder in the Wards.

I mention these defects in the present Amended Act, partly in the hope that at some future time they may be remedied, and partly, also, to impress upon those who are interested in extending

legislation of this sort, to be more watchful for the future when Acts of Parliament are about to be passed dealing with the subject. As I said before, the Amended Act was passed through both Houses on the last days of the Session, when few Members were in Town, and it had actually passed the House of Lords, and the first reading in the Commons, before the Committee or Medical Officers of the Royal Albert Hospital, were even aware that such a bill was in contemplation. If a draft of the Amended Act had been submitted to us, I think, with the experience we have gained during the last six years, we might have suggested some alterations and additions which would have made it a much more valuable piece of legislation than it is now likely to be found.

I wish now to call your attention to the results we have obtained at Devonport under the Acts I have just reviewed.

The health of the Army and Navy with respect to Enthetic Disease previous to the passing of the "Contagious Diseases Act, 1864," was truly appalling.

In speaking in Committee of the House of Commons early in that year, Lord Clarence Paget said in reference to this subject: "The hon. member for Bedford (Mr. Whitbread) and several other gentlemen have looked into this matter, and have made a report; but *I dare not place it before the Committee*. I will, however, show it to any hon. gentlemen who may desire to see it."

Sir Morton Peto, on the same occasion, said—"The evidence of the Deputy Inspector General of Hospitals showed, that although in Foreign Services the proportion of men suffering from these causes extended to 60 or 70 men per 1000 per annum, in the British Service it was not less than 442 per 1000 annually;" in other words, 44 per cent.

These figures refer to the Navy, but similar ones might be adduced with regard to the Army. They were, of course, a general return; but to come to special places, there was no port on the Home Station which enjoyed a worse repute than Plymouth in this matter; it was looked upon almost as a plague-spot, to be avoided as much as possible.

To meet this state of things, the Lock Wards of the Royal Albert Hospital were opened on December 1st, 1863 with a provision of 25 beds. In 1865 the number was increased to 38,

in 1866 to 62, and since the completion of the building in 1868 to 162, the present number.

From December 1st, 1863, to March 31st, 1865, the detention of women was voluntary; but from the passing of the "Contagious Diseases Act, 1864," it has been compulsory, additional powers having been given by the "Act of 1866," and more recently by the "Amended Act of 1866," just passed. Upwards of 3500 cases have been treated in the Lock Wards up to the present time, and an abstract of the cases treated up to March 31st, 1869, shows that out of 2854 cases admitted, 899 were cases of Syphilis. One of the most striking facts connected with our work is this:—*that the percentage of Syphilitic cases treated in our Wards has steadily diminished.* Thus from December 3rd, 1863, to March 31st, 1865 the percentage of Syphilitic cases was 57·45, whilst from October 1st, 1868, to March 31st, 1869, the percentage was only 17·72. This striking diminution in the prevalence of a disease so horrible in its consequences, not only to the unhappy patient affected with the primary disease, but to her children's children, is a result we hardly hoped for, and affords the strongest possible argument in favour of the extension of an Act which has to such an extent (within the area where it is in force) stamped down this dreadful scourge 10 of the civilized world.

But still further to demonstrate the benefit of the Act, I will now refer to the effect it has had in checking disease in the Army and Navy. I have already stated that prior to the passing of the Act of 1864, 44 per cent. per annum of men in the Royal Navy suffered from Contagious Disease. The return for 12 months ending March 31st, 1866, including not only the men in the Royal Navy, but also in the Army and Marines, shows a percentage of 19·529 only, of men admitted to Hospital with Contagious diseases. The return for the last 12 months, ending June, 1869, shows that out of an average strength for the year of 10,656 men, the admissions to Hospital of men affected with Contagious Diseases was 13·00 per cent.

Thus we have reduced Ecthymic diseases in the Garrison from 44 per cent. to 13·00 per cent. But out of this 13·00 per cent., we gather from our returns that only 9·76 per cent. contracted disease within the Devonport district. Comparing our District



with Portsmouth, Aldershot, and Chatham, all of them large Garrisons, we find that Devonport stands lowest, as the following table shows :—

		Annual ratio of men admitted into Hospital.	Ditto for disease contracted within the district.
Plymouth	...	15·67	9·76
Portsmouth	...	21·67	14·66
Aldershot	...	20·35	10·89
Chatham	...	24·00	15·73

Hand in hand with the above facts is this other one, that as the disease amongst the men in Garrison has diminished, so the vacant beds at the Royal Albert Hospital have increased, as shown in the following Table :—

Quarter ending		Annual ratio of Men contracting Disease in the District.	Vacant Beds for Women in Royal Albert Hospital (average)
Sept. 30, 1868	...	11·960	9·23
Dec. 31, 1868	...	9·228	27·60
March 31, 1869	...	8·900	15·10
June 30, 1869	...	7·112	43·00

These results, good as they are, are yet capable of improvement. The periodical examination of women is as yet carried out very defectively. It was lately stated by the Visiting Surgeon, Mr. Sloggett, before a Committee of the House of Commons that, there are in the Devonport district 770 known prostitutes. I shall refer to this again presently, but taking it, for the moment, as a fact that this is the correct number, and deducting from that number an average of, say, 120 in Hospital, it follows that *325 should be brought up every week for their fortnightly examination.* From the returns, however, which are weekly made to us, we find that during the 12 months ending August 28th, 1869, *a weekly average of only 182 women attended for examination.* Thus 143 women, known and registered as prostitutes, managed somehow to evade their periodical examinations every week. In connection with this fact, we meet with constant and angry complaints from the women, that some of them are brought up for examination much oftener than others, and, in corroboration of this, cases of Contagious Syphilitic disease are from time to time admitted into the Lock Wards, which, from their very nature, must have existed for a considerable time, and consequently escaped examination for that period.

Upon the very important subject of Police information, I would reiterate what we have already stated in a letter to the Lords of the Admiralty:—

“The system of obtaining information against women from men in the Naval and Military Hospitals who have contracted disease in the port, still obtains to a great extent. While we think that this may be a very good way of obtaining evidence as to who are prostitutes, and of thus adding new names to the register from time to time, we nevertheless strongly deprecate it when used as a pretext for hurrying a girl up for immediate examination, and fastening suspicion upon her. We believe such informations to be both valueless and mischievous. They are valueless, because our soldiers and sailors are not particular in confining their attentions to one woman, and therefore are often unable to tell with truth by what woman they have been infected. They are further proved to be valueless from the fact that many women so accused are found by the Visiting Surgeon free from Contagious disease. These informations are mischievous because they give men the opportunity of paying off a grudge against a woman; they open the way to partiality and favoritism on the part of the Police, and their natural tendency, if much relied upon as a means of bringing women up for examination, is undoubtedly towards bribery and corruption. They are further quite an unnecessary waste of time; for, provided the Police bring up every woman for examination once a fortnight, we believe nothing more is required. We contend that the exertions of the Police would be far better directed to obtaining a more regular attendance of women, and increasing the numbers on the register.”

Both at Plymouth and Portsmouth, the Staff of Police employed is furnished from the Metropolitan force, and numbers only five men. This number is quite inadequate and explains to a great extent the reason why the periodical examination of the women is at present so defective. The question of Police will be, no doubt one of the great difficulties we shall have to contend with in any extension of the Act to the Civil population. To obtain a staff of men who shall be above the wily seductions of the class with whom they have to deal, is indeed difficult. I think the opinion which has been expressed, that the Borough Police

are not trustworthy is incorrect. I have no doubt that in large Towns, the Borough Police will be found as incorruptable as the Metropolitan, and if the Act is to be extended they must be employed. You will have to place at the head of each Police organization, a man of superior talents and position, who will supervise the whole external working of the Act. I think such an officer is to be found in the Visiting Surgeon, who should have conferred upon him complete control over the Police with whom he works. But whilst giving him *this* power, there is another he possesses in some places, and with which it is sought to vest him at Devonport, against which I strongly protest, in company I believe with an influential portion of the Press, and with many gentlemen well acquainted with the working of the Act.

This is the power to interfere in any way, *directly or indirectly with the treatment or detention of a woman after she enters Hospital*. To give him this power is to confer on him the attributes of Prosecutor, Judge, and Jailer, and opens the door wide to great abuse of Police power. We do not protest, thus strongly, without good grounds, and we do insist that if the Act is to be extended, it must be done with every possible regard to the protection of the women from unjust detention. I have yet to learn that because a woman is a prostitute, she is therefore, to be refused that just protection which the Law concedes to every other subject in this Land. If she be dangerous to the population, let her be secluded as the Law provides, until the danger be passed. So long as she is dangerous her liberty is forfeited for the good of the State, but in all other respects she has equal rights of liberty with every other subject. The Surgeon who treats the case after admission to Hospital should be in no way connected with the Surgeon outside, who certifies that she is diseased. The one should be a check upon the other, and such a check would render the improper seclusion of a woman in Hospital almost impossible.

Having thus dealt with the *Medical* results of the working of the Act at Devonport, I now wish to say a few words upon the *Moral* effect which it has produced amongst the women who have come under its control.

This aspect of the question is one which, I am aware, is looked on by very many persons as worthy of the *first* consideration.

Without going the extreme length to which many such persons go, I would say this :—That any attempt to secure immunity from physical disease for the population, without at the same time the most strenuous efforts being made to cure that horrible moral canker which is eating into the very vitals of English Society, I should ~~hold~~ <sup>regard</sup> with the utmost abhorrence.

It appears to me, however, that the cure of these unhappy women of their bodily disease is so naturally connected with the attempts to reclaim them from the course of life on which they have entered, that it is almost impossible in a Country like England to dissociate the one from the other. Accordingly at Devonport, the Government have made provisions for the spiritual welfare of the patients in the Lock Wards. An annual allowance is made of £100 towards a Chaplain's salary, and of £150 towards a Samaritan Fund, which is used to assist women in their efforts to leave their life of infamy, and to commence a new career.

The question how these women are to be dealt with from a religious point of view, is one which requires much more time to answer than I can afford here. I would just state my strong conviction, that this is a field of labour especially laid out for women. I believe that the good influence of a woman upon her fallen sisters is enormous, *provided she be a person skilled in the arduous work she has to do.* I may say, that I am certain that anything like *promiscuous visitation* of these women will fall short of what is required. One good, self-denying, persevering, clever woman, will do more to get hold of them, than all the district visitors that were ever born, backed up by all the tracts that were ever printed. She will gain their confidence first, and their love after, and will retain a hold upon them in after life wherever they may be. Such a woman is not to be met with every day, or in every place, but there are now to be found in England, thank God, women who have devoted themselves to this labour of love, and who some day or other when prejudice is smoothed down, will no doubt be employed to do the work for which they are trained by long practice and experience.

So with the Chaplain; he should not be picked up at haphazard. You may as well set a ploughman to perform a delicate operation in surgery, as appoint a Clergyman to do



Lock work on the simple ground that he is a hard working, energetic, self-denying, holy man. All these gifts are needful, but he must have in addition, peculiar aptitude for the work, such as is seldom to be gained but by long familiarity with it, and an almost natural instinct as to what is the right thing to do at the right moment.

However good may be the instruments which you employ, there is no more discouraging work than the reclamation of fallen women, and any attempt to claim success from a mere statistical record is in my opinion most unwise. It is better to look the evil fairly in the face and grapple with it manfully, then to gloss it over, or even allow oneself to look at it through too rosy a medium. Thus we have been lately told\* that the number of prostitutes in our neighbourhood has diminished from 2000 in 1864, to 770 at the present time. We have also been told, as a proof that vice has materially diminished that clandestine prostitution has much lessened. Now many people who are well able to judge assert that there never were so many as 2000† public prostitutes in the Three Towns, and although there are only 770 names now on the Police register, it is believed impossible that that number represents the entire body of women who practice prostitution at the present time. As far as Devonport is concerned, I know on the best authority, that the number of women has slightly increased during the last two years. It is thought that the gentleman who made this statement has been wrong at both ends—in *overstating* the number of prostitutes in the Towns in 1864, and in *understating* the numbers at present practising this vocation. But to go on to assert that with this enormous decrease in the number of public prostitutes, clandestine prostitution has also diminished is really to state a fact which runs counter to the experience of every one who has studied the subject, which is that clandestine prostitution invariably *increases* with the *decrease* of the number of women who gain their livelihood as public prostitutes.

What I believe to be really the case is this—that the effect of the Act upon the women generally has been to render them more orderly and quiet in their demeanour. I have no doubt that a visit to the Hospital has a humanizing effect upon a woman's mind. She

\* Vide Mr. W. H. Sloggett's evidence, p. 7. minutes of evidence before Committee of the House of Commons, June 1869.

† Since writing this I have been informed that a list of 2000 prostitutes was actually prepared, but I have never seen it, nor do I know any one who has.



is treated with a kindness and consideration, to which she is unaccustomed outside. Moreover she is withdrawn, if only for a time, from the vortex of dissipation into which she has plunged, and is surrounded by influences which are nearly all for good. When she leaves she does so with certain aspirations after a more decent life, and I believe this materially affects her conduct out of doors.

But at the Royal Albert Hospital we have a lady at the head of the Nursing Establishment, who is peculiarly fitted to deal with these women, and in the early working of the Hospital, our success in reclaiming women was very great. From April 1st, 1865, to September 30th, 1867, we either sent to Refuges or returned to their friends 38 *per cent.* of the women who came under our care.

Of these women who have been reclaimed, the Matron writes me as follows:—

“I have satisfactory accounts from the London, Exeter, Bovey Tracey, and Plymouth Homes. I can speak with certainty of many still doing well who left the Hospital in 1864, having remained two years in a Home, and three years in Service. One sends money to her mother every month and has money in the Bank. Many, sent to their friends, are doing well,—one went to Australia, I have good accounts of her.”

Our present excellent Chaplain gives me the following report:—From April 1st, to September 30th, this year, 19 have been sent to Reformatories; 12 have gone to their homes; 1 has been married; total 32 reclaimed. So far, with two exceptions, all of them are doing well, and are likely to continue to do so.

The conduct of the women whilst in Hospital has been on the whole very good. Now and then we get an unruly patient, disappointed at not obtaining her discharge as soon as she expected. Out of 2937 women who have passed through our Wards since 1866, only 30 have been sent to prison for misconduct.

I believe that this success is almost entirely due to the fact of the Lock Wards being attached to a Civil Hospital. This is in itself a guarantee that no efforts to improve the moral condition of the Lock patients would be spared.

The Hospital Committee, consisting as it does, of Clergymen, and gentlemen in various Professions and Trades, is a safeguard against many abuses which might creep in. Endeavours are being

made in some quarters to lessen this influence, but I trust they will be thwarted and that the work will be carried on, as heretofore, subject to the almost public criticism of the numerous gentlemen connected with our Hospital. Wherever the Act is introduced, if possible, it should be worked in connection with a Civil Hospital, and under the supervision of the Hospital Authorities, as recommended by the Select Committee of the House of Lords. If this be not the case, I have little faith in any *moral* benefit to be derived from its extension. Hitherto the Medical Staff of the Hospital have gratuitously performed the Lock work. This is, however, to be no longer the case, and one paid officer will be appointed. As one of the staff, I cannot but rejoice at this change, as it will relieve us of a very irksome and thankless task, one, too, which on principle, ought not to be done gratuitously. I have great doubts, however, whether the work will be better done than it has been, and great care will have to be exercised to prevent the one paid Surgeon becoming a mere government officer uncontrolled by and irresponsible to the Hospital Authorities. Especial care will also be needful, to prevent him from being in any way under the control of the Visiting Surgeon.

Endeavours are being made to place the paid officer in this position, but I trust the good sense of the Governors of the Hospital, and the forbearance of the Government, will combine to prevent so dangerous a proposition being carried into effect.

I trust enough has been said to show that whilst on the one hand a decided impression has been made upon one of the most fatal diseases with which we have to deal, and that disease has been reduced most materially, on the other, no pains are spared to rescue the women who have fallen victims to its ravages, from a life of shame, and that to some extent God has blessed our labours. This much is certain, that owing to the Act a vast number of women have been brought under a good influence, who would under no other circumstances have come within its sphere.

P.S.—The early portion of this Paper is occupied with a brief account of all the legislation which has taken place on the question of the prevention of the spread of Contagious Diseases. I venture to think that considerable ignorance prevails on this matter, and that powers are popularly believed to exist which have never yet been granted, or ever could be. Thus—in a resolution lately carried at a meeting in Bristol the Contagious Diseases Act is set forth as “legalising in the Land, houses of ill fame . . . . and the placing of our English homes, for the purposes of the Act, under the surveillance of the Police.” It is hardly probable that the gentlemen who supported this resolution could have been conversant with the Acts of Parliament that have been passed on the subject, or that they could have known the manner in which they have been carried out, or the results of their working.

I suppose, there are few subjects more favourable than this, for platform denunciation or excited mis-statement of facts, and such meetings as the one above referred to are comparatively harmless. I cannot, however, but express extreme surprise that at a Congress avowedly of scientific men, assembled to discuss calmly and dispassionately great social questions, the opponents of this particular measure should have been summoned *by private circular* to attend the meeting where it was to be brought forward, for the purpose, not of hearing the papers set down to be read, but of expressing a foregone conclusion in the shape of a resolution, the passing of which was in itself contrary to the rules of the Council. I think I am within the mark, when I say, that the result of this conduct was to give to the assemblage in the Health Department an aspect more resembling a turbulent Election Meeting, than a calm, deliberative conclave of scientific men.

Some of the many misapprehensions which seem to possess the minds of those who oppose the Act, may here be corrected.

First—It is impossible that the Act can touch any but those who practice public prostitution, which has been defined to be “a public and promiscuous traffic of their own persons carried on by women for the sake of gain.” It is *utterly untrue*, that modest women have been interfered with, and it is impossible that any such error could be committed, unless the Law of the Land was broken.

Secondly—What was called by one speaker “the beastliness of inspection,” consists of a simple speculum examination, to which hundreds of ladies repeatedly submit for the cure of various maladies. It is conducted with the utmost privacy by one gentleman in the presence of a nurse, and with the most perfect regard to the feelings of the woman. At Devonport this duty is performed by an officer, of whom it is my pleasure to speak, as being as pure, high minded and humane a gentleman as I ever met. It is a fact, that the women submit without repugnance, or reluctance to this examination. The assertion that disease is thus communicated from one woman to another is utterly without foundation, and I am prepared to say, that at Devonport such an occurrence is impossible. Another assertion that it is sometimes impossible to discover disease in the female is so absurd, that I can only express surprise at anyone in the Medical Profession having advanced the statement.

Thirdly—The Act has never directly or indirectly “licensed” any house of ill-fame. The law already takes cognisance of these houses, and provides for the prosecution of those who keep them. Here is a field of labour open for the excited gentlemen of Bristol, who are so anxious that prostitution should not be recognised. Let them give a little of their time and money towards the prosecution of brothel keepers, and the good they will effect will be enormous. Neither does the Act “license” the woman herself, as it is expressly provided that the Police shall retain her certificate, in order that she may not use it for improper purposes. The Law also provides for the prosecution of women who solicit in the streets. From my short experience of Bristol, there is ample scope afforded for carrying this law into effect.

Fourthly—The want of success in Paris in reducing disease has been quoted as an argument against the adoption of preventive measures in England. It was asserted by the Rev. W. Clay, that the law in Paris has been over and over again relaxed, and any one who has read Duchatelet will know that this is correct.

Fifthly—The unfairness of confining the Act to women alone was much commented upon. It must be remembered that a woman being a prostitute, is at once amenable to the Law, independently of this Act. Moreover, she belongs to a class which



contains within it, a vast number of habitual criminals. Thus in 1859, the total number of prostitutes in England and Wales was estimated at 30,780, and out of that number 22,755, or 73·8 per cent. were proceeded against on account of crimes which they were accused of having committed.\* If then a woman voluntarily enrolls herself in this class, there is no injustice in her having to take the consequences of her act. But from a medical point of view, the supervision of women is of far more consequence than that of men. A woman may be infected with disease for a long period, without being herself conscious of it. During this time she may be the means of communicating that disease to a very large number of men. To the man his disease is soon apparent, and he takes means to obtain a cure. But even if the woman did know the fact of her being diseased, she would conceal it, for to reveal it is, to her, loss of daily bread. I must not be supposed to argue against any sanitary measures being applied to the male population. I think wherever practicable, there should be, especially in great Mercantile Cities, some stringent measures enforced, for the benefit of the Mercantile Marine, and I see no reason why systematic inspection should not be carried out, as it is strongly recommended, in the Army and Navy.

In concluding this postscript I would remark that the opponents of the Act at Bristol never, that I heard, controverted one of the facts adduced in this Paper, neither did they answer the admirable arguments, or impugn one of the numerous statements so ably brought forward by Mr. Berkely Hill. I trust, therefore, that we may consider our Facts true, our statistics correct, and our arguments unanswerable.

The "Westminster Review," July, 1869. p. 184.